



Wednesday, October 12, 2016

Mark Moffat, Attorney
Brown, Bradshaw, & Moffat
422 North 300 West
Salt Lake City, Utah 84103

Re: Matthew Peterson

Dear Mr. Moffat,

The purpose of this letter is to update you on the treatment of Mr. Peterson in our sexual offender specific program. Mr. Peterson began treatment at our agency on January 15, 2015 after having completed the testing for a Psychosexual Evaluation (PSE) in December of 2014. The PSE findings were that he was relatively open and disclosing and any of the elevations on testing were attributed more to his 12-step dedication and conservatism rather than defensiveness. It was recommended that he become involved in sexual offender treatment due to his admission of problematic internet communication with a minor.

In the early phases of treatment, Mr. Peterson reference his father having “untreated Asperger’s”. As this professional observed Mr. Peterson and his test data from the PSE (which was not autism specific), some questions pertaining to the presence of an autism spectrum disorder became evident. Difficulties with identifying emotions, some problems with eye contact, and his overall emotional regulation raised some questions. This professional has a history of having assessed and treated those with prior diagnosed autism. Mr. Peterson was then referred to Julia Connelly at the University of Utah for an autism evaluation, as such an evaluation is not within the areas of competence for this professional. It appears that Dr. Connelly’s findings were that he had an autism spectrum disorder. That finding confirmed some of this professional’s concerns about Mr. Peterson’s presentation and informed this professional to adjust treatment delivery to take the autism disorder into account in his specific case.

Mr. Peterson initially was involved in the entire program including weekly individual, psychoeducational classes, and group. He participated well, but, as a person with autism, was struggling with the group/class functions. Mr. Peterson had also elected to add some autism specific treatment to his regimen and had continued his 12-step group involvement. Therefore, he requested that he be allowed to pursue treatment at this agency in individual only and this professional agreed with his decision.

Our individual sessions have been targeted primarily on the maintenance of his sobriety as well as interpersonal functioning with his wife and with his father. Mr. Peterson’s

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relationship with his father is conflicted and he has expressed the desire and has practiced setting limits and boundaries with his father. Thus, he still has his father involved in his case, but has learned to accept some of his father's involvement while also setting limits he finds to be appropriate.

Mr. Peterson's wife had some mental health difficulties that resulted in psychiatric hospitalization during our treatment as well. This time was particularly stressful as his wife's functionality and psychiatric diagnosis were being developed. Mr. Peterson relied more on his 12 step interventions and did not appear to be resentful of his wife's difficulties. This professional judged he was in a high risk for pornography relapse during this time period, but it appears that he was able to maintain his computer boundaries well and had no lapse/relapse behaviors in the months of his wife's psychiatric difficulties. His wife is still receiving treatment currently, but does appear to have stabilized, according to the report of Mr. Peterson.

Treatment also had a focus on life goals and occupational issues and much of his time in treatment was focused on his role in the family business, an issue that was complicated by his relationship with his father. The family business was recently sold and this allowed Mr. Peterson to consider pursuing his educational objectives and he prepared for and enrolled at Utah Valley University (UVU) to pursue an IT related degree and career.

In addition, since the family business had been sold, it became necessary for Mr. Peterson to pursue some part time work. In hearing him process his work experiences, Mr. Peterson's interpersonal issues from the autism spectrum disorder became more apparent. For example, it appears likely that he was misreading nonverbal interpersonal cues from coworkers. He did not fail at his work experience, but has struggled with how he interacts with coworkers. This professional views his work experience at a fast food restaurant as having been beneficial for him, and his knowledge of his autism symptoms and his disorder were put to good use in helping him manage some of his limitations.

In pursuing his college degree, it became necessary to adjust his computer use boundaries and Mr. Peterson needed more freedom in order to pursue college related tasks. He elected to install a software monitoring program and made this professional one of the person to receive reports. Mr. Peterson did quite well for the first few months, but then one evening he emailed me to inform this professional that he had lapsed by looking up pornography. This professional first evaluated Mr. Peterson's emotional state and acute situation, then informed him he should disclose his lapse to his attorney and or his supervised release officer.

Mr. Peterson was understandably disappointed with himself and his lapse. However, this professional has treated addictive/compulsive behaviors for over 20 years and lapses are quite common in individuals attempting to change addictive/compulsive behaviors. Thus, his lapse, while not ideal, was handled appropriately. For example, he reported his lapse to others within a few hours, even preceding the report by his monitoring software, which eventually told this professional exactly what Mr. Peterson had disclosed as well, thereby objectively corroborating his story. Mr. Peterson's lapse DID not appear to

involve any minors of any kind. He has since addressed the topics that went into his lapse and returned to school and adjusted his internet use plan accordingly.

Mr. Peterson has demonstrated continued accountability for his sexual behaviors that have brought him to the attention of authorities. He has also embraced his diagnosis of an autism spectrum disorder, electing to make it a significant part of his overall mental health intervention plan. He has been found to be accountable and open with this professional throughout the over 1 ½ year time period of working with him. While not “excusing” his pornography lapse, it should be noted that his choices in dealing with the lapse prevented it from becoming a “full blown” relapse and a return to his previous addictive/compulsive internet sexual behaviors. He was appropriately disappointed and upset, and used these emotional states in an adaptive fashion as motivation for continued sexual recovery on his part. At this time this professional views him as still being within the LOW sexual risk for recidivism classification.

Please feel free to contact me with regard to this matter.

Sincerely,



Peter M. Byrne, Ph.D., Psychologist
Approved Utah DOC Provider